

## DUE PROCESS COMPLAINT NOTICE

(For Parent/Student/Guardian)

The Agency makes this form available for you to use to notify the Secretary of a due process complaint on any matter regarding the identification, evaluation, placement of a student, or regarding provision of a free appropriate public education to a student under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973, as amended. You are not required to use this form to file a due process complaint; you may opt to write a letter, or contact the Agency or one the advocacy organizations listed below for further assistance with your filing.

### Instructions:

1. All asterisked (\*) information on this form should be included when you submit your request for a due process hearing. If the sections marked with an asterisk (\*) item are not provided, it may result in the denial or delay of a due process hearing and the reduction of any attorneys fees awarded by the court.
2. At the same time that you submit this form to the Secretary, you must also provide a copy of this form to the special education coordinator or superintendent for the Student's supervisory union/school district.
3. As soon as your complaint is received by the Secretary, the Agency's Legal Unit Administrator will contact you to schedule an initial telephone conference call to take place within five (5) business days of the receipt of the complaint. If the Agency is unsuccessful at reaching you, a time and date will be selected and you will be notified by first class mail and e-mail, if an e-mail address is provided.
4. Under federal and state law, a parent/student/guardian may raise the following in a due process complaint within two years of the date the parent/student/guardian knew or should have known about the alleged action forming the basis for the complaint:

**Identification** (Issues related to the timely and accurate identification by a school district of a student with a disability. This may also include issues arising from termination of services or eligibility.)

**Evaluation** (Issues involving timeliness, appropriateness and conclusions of evaluation procedures, and/or of the determination of eligibility, continuing eligibility or ineligibility.)

**Educational Placement** (Issues involving the appropriateness of the instructional and related services, program and/or setting in which the student with a disability is provided services, including issues arising from proposed or requested changes in placement.)

**Provision of a free appropriate public education** (Issues involving the appropriateness and adequacy of the individualized education program (IEP) offered to a student with a disability, or the appropriateness and adequacy of the Section 504 Plan, modifications or accommodations offered to a student with a disability, and/or issues about the district's compliance with special education or Section 504 requirements. This may also include issues arising from termination of services, eligibility, suspension or expulsion of the student with a disability.)

5. Please describe your complaint completely and accurately. Remember: It is important that you describe any issue that you wish to have addressed at the due process hearing, and detail the facts you believe support your position. If you do not include an issue in your complaint, you may not be able to raise it at the hearing. Focus on the issues that have had an impact on the student's ability to receive meaningful educational benefit.

If you are not sure how to complete this form, you may contact one of the following for more information or assistance:

[Vermont Agency of Education](#)  
Legal Unit Administrator  
219 North Main Street, Suite 402  
Barre, VT 05641  
Tel: (802) 479-1111

[Vermont Family Network](#)  
600 Blair Park Rd, Suite 240  
Williston, VT 05495  
Tel: 1-800-800-4005

[VT Disability Law Project](#)  
264 North Winooski Avenue  
Burlington, VT 05402  
Tel: 1-800-889-2047  
[other locations in VT](#)

**DUE PROCESS COMPLAINT**  
**(Parent/Student/Guardian)**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this request for an Expedited Due Process Hearing for disciplinary issues, per [SBE Rule 4313.3\(c\)](#)? ☐ Yes ☐ No

**Complainant Information:**

Name, First and Last: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: H (\_\_\_\_) \_\_\_\_\_ W (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Student Information:**

\*Name, First and Last: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade Level: \_\_\_\_\_ Has student received a diploma? \_\_\_\_\_

\*School of Attendance: \_\_\_\_\_

\*District of Residence: \_\_\_\_\_

Parent/Guardian Name, if applicable: \_\_\_\_\_

Parent/Guardian Address and Telephone Number, if different from Student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disability (check all that apply):

- |                                                   |                                                         |
|---------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Multiple Disabilities          |
| <input type="checkbox"/> Deaf                     | <input type="checkbox"/> Orthopedic Impairment          |
| <input type="checkbox"/> Deaf-Blindness           | <input type="checkbox"/> Specific Learning Disability   |
| <input type="checkbox"/> Developmental Delay      | <input type="checkbox"/> Speech or Language Impairment  |
| <input type="checkbox"/> Emotional Disturbance    | <input type="checkbox"/> Traumatic Brain Injury         |
| <input type="checkbox"/> Hard of Hearing          | <input type="checkbox"/> Visual Impairment              |
| <input type="checkbox"/> Learning Impairment      | <input type="checkbox"/> Other Health Impairment: _____ |

**Attorney Information (if applicable):**

Name, First and Last: \_\_\_\_\_

Address: \_\_\_\_\_

Tel (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

A copy of this request must be provided to the Special Education Coordinator or Superintendent at the School District. Please confirm that this has been done by checking the appropriate box and providing the date: A copy of this request was: ☐ Mailed or ☐ Delivered on \_\_\_\_/\_\_\_\_/\_\_\_\_ .

The copy was provided to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**\*Descriptions of the issues and proposed resolution(s)**

Under federal and state law, a parent/student/guardian may raise issues arising in one or more of the following areas within two years of the date the parent/student/guardian knew or should have known about the alleged action forming the basis for the complaint: identification, evaluation, educational placement and provision of a free appropriate public education (FAPE). Describe your complaint completely and accurately. Attach additional pages if necessary. It is important to describe any issue you wish to have addressed at the due process hearing, and include any facts you believe support your position. If you do not include an issue in your complaint, you may not be able to raise it at the hearing. Focus on the issues that have had an impact on the student's ability to receive a meaningful educational benefit. You must identify at least **one** of the issues listed on the pages below; leave blank any parts of the form that are not addressed in your complaint.

[This portion of page intentionally left blank.]

**Identification** (Issues related to the timely and accurate identification by a school district of a student with a disability. This may also include issues arising from termination of services or eligibility.)

Describe the nature of the issue(s) and any facts relating to the issue(s).

---

---

---

---

---

---

---

---

Describe how the issue(s) could be resolved.

---

---

---

---

---

---

---

---

Describe what actions have been taken to address the issue(s).

---

---

---

---

---

---

---

---

Were the issue(s) identified above, the subject of a previous or concurrent due process complaint, administrative complaint or mediation? ☐ Yes ☐ No

**Evaluation** (Issues involving timeliness, appropriateness and conclusions of evaluation procedures, and/or of the determination of eligibility, continuing eligibility or ineligibility)

Describe the nature of the issue(s) and any facts relating to the issue(s).

---

---

---

---

---

---

---

---

---

---

Describe how the issue(s) could be resolved.

---

---

---

---

---

---

---

---

---

---

Describe what actions have been taken to address the issue(s).

---

---

---

---

---

---

---

---

---

---

Were the issue(s) identified above, the subject of a previous or concurrent due process complaint, administrative complaint or mediation? ☐ Yes ☐ No

**Educational Placement** (Issues involving the appropriateness of the instructional and related services, program and/or setting in which the student with a disability is provided services, including issues arising from proposed or requested changes in placement.)

Describe the nature of the issue(s) and any facts relating to the issue(s).

---

---

---

---

---

---

---

---

Describe how the issue(s) could be resolved.

---

---

---

---

---

---

---

---

Describe what actions have been taken to address the issue(s).

---

---

---

---

---

---

---

---

Were the issue(s) identified above, the subject of a previous or concurrent due process complaint, administrative complaint or mediation? ☐ Yes ☐ No

**Provision of a free appropriate public education** (Issues involving the appropriateness and adequacy of the individualized education program (IEP) offered to a student with a disability, and/or issues about the district's compliance with special education procedures. This may also include issues arising from termination of services or eligibility, and/or issues arising out of suspension or expulsion of the student with a disability.)

Describe the nature of the issue(s) and any facts relating to the issue(s).

---

---

---

---

---

---

---

---

Describe how the issue(s) could be resolved.

---

---

---

---

---

---

---

---

Describe what actions have been taken to address the issue(s).

---

---

---

---

---

---

---

---

Were the issue(s) identified above, the subject of a previous or concurrent due process complaint, administrative complaint or mediation? ☐ Yes ☐ No